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ABSTRACT

In devising training programs for gerontological service providers in Pennsylvania, attention was focused on determining to what extent inservice training improved the quality of or skill with which services were ultimately delivered. The Gerontology Manpower Project is recommending a client or consumer-oriented approach, as evidenced by project research. Four participant groups of institutional geriatric mental health workers, representing various sections of the State, were identified. An environmental therapy program was presented to one group, while the other three groups received basic gerontology information; two of the groups received an expanded program. Evaluation relied on pre- and post-testing for attitude changes and increased knowledge, subjective reactions of trainees and trainers, and agency assessments. Two factors which were predictors of change were the agency's philosophy of aging as it affects care for the aged and the degree of structure existing in the organization/agency. Interpretation of the results led project staff to believe that some degree of structure is needed for trainees to implement new learning and new approaches. The individual trainee needs to be considered in relationship to the job performed and the institutional setting and needs to be actively involved in determining the training objectives and training process. (EA)

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TOPICAL PAPERS: SERIES I
EDUCATIONAL PROGRAMMING
and
COMMUNITY RESEARCH IN GERONTOLOGY

Edited by Tom Hickey

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Education Programming and Community
Research in Gerontology

Edited by Tom Hickey

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Preface

This publication has enabled the Gerontology Center to combine the objectives of two major goals; the development and dissemination of educational materials concerning aging and older persons, and the writing and publication of professional papers by Center staff members.

It is our sincere hope that this series will serve as a useful resource for continuing educators, program planners, practitioners and all others interested in learning more about gerontology.

Papers are available through the Gerontology Center, Amy Gardner House, Pennsylvania State University, University Park, Pennsylvania 16802.

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One of the characteristics of the New Federalism is a decentralized approach to programs and services. Federal legislation, for example, has mandated that single state agencies be designated to implement federally funded programs. Specific examples of this type of legislation are found with the Older Americans Services Amendments of 1973, Comprehensive Alcohol Abuse and Prevention, Treatment and Rehabilitation Act of 1970, and Drug Abuse Office and Treatment Act of 1972.

There have been sections in both federal and state legislation requiring either the establishment of training programs for those personnel providing the direct services or actual budgetary allocations (percentage of total grants) for training purposes. The Medicare regulations pertaining to extended care facilities specify that in-service educational programs must be in effect as a condition of participation.

In order to meet the requirements for participation in federally funded programs, the administrator looks toward existing available resources for training. What he is likely to find, depending upon geographic location, is a great variety of continuing education or adult education programs provided by university-based extension services, local school district evening programs, professional organizations and numerous other agencies. In cooperation with other administrators, he may arrange special workshops or conferences. In the urban areas of the country, an administrator may have several choices among available resources for staff training purposes, assuming that his budget will permit staff attendance at a <u>per credit</u> cost. Another factor to be taken into consideration is the individual employee's willingness to spend the necessary non-working hours in pursuit of advanced training. An alternative is to provide compensatory time away from regular

duties for the employee who attends education programs. However, the administrator must then decide if the agency and clients can afford to be without the services of the staff for the necessary period of time. Another viable method, when budgets permit, is to employ a person for the specific purpose of in-service training.

The efforts at Penn State to devise training programs for gerontological service providers focused not only on content value and relevance, but also on the forementioned pragmatic issues of feasibility and utilization. Therefore, in addition to the somewhat predictable conceptual starting points for designing competency-based training modules, the Gerontology Manpower Development Project initiated its efforts with a survey of existing training mechanisms and the needs of the service providers. Traditional programs have typically fallen into one of these two categories: (1) training focused on the individual, in which the participant increases his own knowledge base, develops new skills, or earns the necessary credit hours required for continuation of employment; and, (2) training programs which are focused on an organization or service agency, its problems, priorities, and needs. We will recommend a third approach--the client or consumer-oriented mode--which evolves more from the latter model. However, first of all these traditional approaches need to be further delineated. Two generic examples of the individual-oriented programs follow.

Certification Programs

These are designed for teachers, nursing home administrators and numerous professional groups who, in order to maintain their positions, must complete a specified number of hours of continuing education. The major fallacy of this approach--from both the individual's perspective and that of the administrator--is that the content of the available program

in many cases has little or no relation to actual job performance. A prime example is the nursing home administrator spending five hours/week in a class presentation of cycle menu planning when the appropriate person on his staff, the head of dietary services, should be attending. However, the administrator is the one who is required to spend the hours in training, and this program is the only one available within reasonable geographic and time limits.

Workshops and Conferences

These are designed to provide information and procedures of new discoveries and methods in their own field. A good example of this would be a workshop for public health nurses on "The Theory & Use of Kidney Dialysis in the Home." This would adequately keep the professional nurse current in her own field (which is of major importance); but again, perhaps not relevant to her daily job, especially if she works in a rural area 150 miles from the nearest facility with the necessary kidney dialysis equipment; and/or if her primary job is the administration of well-baby clinics or something similar. She has increased her knowledge, developed her skills, and has perhaps enjoyed the intellectual stimulation that we all need occasionally, but it is doubtful that she will be able to demonstrate her proficiency or put her new knowledge to use for the benefit of her clients.

The above types of programs are readily useful in developing the individual's knowledge and skills. However, the administrator of a service agency, keeping in mind the cost factor as well as the perspective of the agency and the consumers of its services, is usually reluctant to support this type of training effort. In fact, many have expressed outright resistance and hostility based on their past experiences in encouraging individual growth--especially at the lower and new professional levels--only to find this as a stepping stone to a better job in a different setting.

It seems apparent that in-service training must benefit both the individual and his work context.

It has been the view of this project that the organization-oriented training model--when properly devised--provides a more adequate response to training needs. Organization, for our purposes, includes agencies, institutions, departments within an institution, governmental units, and other systems of services delivery. The most typical organization-oriented training is the in-service education program, which usually has at least one employed staff person responsible for the development of the program. Within this classification fall general and job-specific orientations of new employees. A review of the content of in-service training programs indicates that, even though not stated as such, the primary goal is to inform the employees of such things as: "how things are done here," "what is expected of you," and "what you can expect of us." The organization-oriented program deals primarily with rules and regulations of the organization and the instruction and training of employees as to the appropriate methods and techniques of implementing the over-all programs of the organization regardless of the nature and characteristics of the client population. In-service training programs are the mechanism through which staff learns new procedures to be implemented by the organization whether the procedures be the use of newly purchased equipment or revisions of forms to be completed for reimbursement for services provided.

This type of program will undoubtedly meet the needs of the agency or institution and may insure efficiency of operation, but the question again arises as to what extent does this improve the quality of or skill with which services are ultimately delivered. None of the programs surveyed here actually provided new, or state-of-the-art information in gerontology.

Many institutions which, by statute, must provide in-service training, have regular sessions with impressive titles; but a closer look and discussion with staff will produce comments and reactions from both trainees and trainers, that the required time has been spent with little or no intrinsic professional value. It is mostly an exercise in futility, producing frustration and personnel problems for both trainers and trainees. Some typical examples demonstrate this point. Psychiatric aides learn basic principles of group dynamics, yet the clinical director does not permit psychiatric aides in his unit to conduct group sessions with patients even though the aides have the greatest number of contact hours, and perhaps, the influence with the patients. Nurses aides in extended care facilities learn factual information on the care and treatment of the diabetic patient, but a registered dietitian plans the menus, a physical therapist directs ambulation training and a registered nurse must supervise the insulin injection. Regulations demand training while other regulations specify who can and who cannot provide services. Training must be appropriate to the level of work of the trainee.

Where can the concerned administrator turn, in order to implement the primary objective of training in the field of human services delivery--the improvement of the quality and quantity of care and services provided to the client? Instead of accepting the existing system of staff training from either the employee-profession-occupation perspective, or the organization perspective, as described above, this project has approached the design and evaluation of training needs from the perspective of the client or consumer. In light of the current trend in federal legislation, program funding regulations specifically identify the target population groups.

The primary objective of the Gerontology Manpower Training Program has been to develop guidelines and demonstration training programs for human services personnel in the delivery of services to the elderly population of the state. In order to develop a comprehensive demonstration and evaluation program based on the needs of the service recipients, a number of areas needed to be investigated:

(1) Who are the people currently providing direct services to elderly persons--especially the undesignated, or newly emerging ones? Where are they?

(2) What types of generic information should be known about elderly clients by the person delivering the service?

(3) Can the relevant information be presented in such a manner that it can be readily utilized by the direct service personnel regardless of occupational status or educational background? Can it be presented simultaneously to individuals focused on the same client need or problem, but with differing levels of professional sophistication?

A list of the content areas which have emerged from this project to date, and three examples of training modules, as well as specific implications for evaluation are presented in another paper of this symposium. The remainder of this paper is focused on how the forementioned questions were answered using the client or consumer-oriented training approach.

Trainees

Four participant groups were identified from various sections of Pennsylvania. The characteristics of each group differed significantly in a number of ways, while each was focused on the one general objective of providing direct social and/or health services to the elderly; and each group was composed of all levels of staff members. The first group of trainees were defined as providers of institutional geriatric mental health services. Their longenity in the geriatric service delivery system made them the easiest to identify; and training needs were both easily specified by them, and readily apparent from the current literature.

The second participant group represented a county agency providing direct services to the elderly. The demand for training, as well as its focus on basic issues in gerontology became apparent as a result of Federal Flood Relief for the elderly, following Hurricane Agnes which left large sections of Pennsylvania with great destruction and disruption in mid-1972. This agency had a stable and functional program prior to Agnes, but was greatly expanded in terms of personnel and programs in order to meet the needs of some 7,000 elderly residents of the county.

The third group selected was also community-based, but composed of recently employed personnel from a six-county region in Central Pennsylvania. These persons were in the process of developing programs, but not within the framework of an existing agency other than a county governmental system. (Counties received a Flood Relief Grant for the provision of services to their elderly residents and most Pennsylvania counties which did not have existing programs for aging, used this opportunity to establish new offices.)

The final group selected was formed by an equal number of personnel from both institutional and community settings in a tri-county area in Northwestern Pennsylvania. The composition of this group was intended to test the feasibility of training mixed groups in that, Pennsylvania (as a predominantly rural state) has many services and institutions covering large geographic areas. If one were to design separate training programs for institutional and community personnel we would then be confronted with the reality that there would be an insufficient number of trainees in many areas because of the time needed to travel to the training site. There are probably only a dozen or so urban areas in Pennsylvania that would be able to provide the number of personnel needed to conduct training programs and these are not geographically distributed throughout the state.

These diverse training groups had very little in common other than the fact that they worked with elderly clients. The individual baseline data obtained on all participants provided background material; and the diversity within the entire population was quite fascinating. The educational background ranged from some high school to master's degrees. Trainees' ages spanned 20 to 77 years. Length of employment in the field ranged from 1 month to 20 years. Other previous employment or primary occupations included: beautician, newspaper editor, banker, bookkeeper, teacher, politician, union organizer, clergy, nurse, caseworker, sales, maintenance and clerical work, bus driver, retired railroad employee, prison administrator, and housewife. Some of the trainees had never worked prior to the present employment. Others were currently employed in one or the other of these listed occupations.

Programs and Assessment

Having identified the target-trainee population, it was necessary to select and develop the appropriate training materials. An environmental therapy program was presented to the first grou--i.e. geriatric mental health workers. It was decided that the other three groups would receive information on basic gerontology which included the biological, psychological and sociological aspects of aging. Two of the groups (those with the largest proportion of direct service personnel) received an expanded program including "Communication Skills" and "Evaluation of Functioning of Older Persons." All of the components were designed in such a way that active class participation was a built-in method.

Evaluation of the entire program relied primarily upon:

(1) Changes in attitudes as indicated by pre- and post-testing using a Likert scale designed for measurement of stereotyped attitudes toward the elderly.

(2) Increase in knowledge as indicated by pre- and post-testing using a questionnaire developed in relation to content presented.

(3) Subjective reactions of trainees and trainers.

(4) Agency or context assessments, through unobtrusive measures.

Some of the major implications of these evaluations are reported in another paper of this symposium. Summaries of statistical data will be reported at a later date, after adequate follow-up measures and a refinement of some techniques. As previously stated, this paper will continue to address the issue of in-service training focused on the client or service recipient.

The greatest degree of change and the most positive subjective responses to the training were evidenced by the personnel in the recently expanded County Bureau for the Aging. The least amount of change and the least positive subjective reactions were indicated by the institutional mental health personnel. The less structured community group and the mixed community-institutional groups evidenced positive changes and responses but not to the same extent as those from the single county office. These summary statements were based on consistency across all measures. An attempt was made to identify the reasons for the differences in response levels on an individual basis but significant differences were found when individual trainees were matched by job type, length of employment, educational level, and age.

The basis for interpreting these changes is related to two underlying factors. The first of these appears to be the agency's philosophy of aging as it affects care for the aged. In the provision of services to elderly clients, those agencies with a philosophy of care based on maintaining and/or improving functional capacity, seemed to provide a working atmosphere for their staff members which encouraged individual professional growth, and

stimulated and reinforced attitudes and behavior related to improving staff skills and competencies. Moreover, these participants tended to interact more with each other during and after the training sessions regarding problems common to their own agency or clientele. Thus, the organization-oriented model--based on a genuine concern for the consumer--was clearly functioning with these participants, with the training program serving to catalyze many person-and-problem activities. The most positive changes in attitudes, reactions to content, etc., occurred where this model was operational. Negative and non-significant outcomes were found where the disease-pathology and custodial care models prevailed.

The second factor which was a predictor of change, was the degree of structure, or bureaucracy, existing in the organization or agency. This relationship was neither a linear one, nor predictable at the outset. The training group within the state and mental hospital system showed the least change; however, the two groups with the least structure showed less change than the county agency trainees. The latter was quite structured administratively, although the operational atmosphere was somewhat informal.

Conclusion

Our interpretation of these results led us to believe that some degree of structure is needed in order for trainees to implement new learning and new approaches. Those trainees in the loose-knit community groups were able to absorb information but were hampered in implementing and changing programs because of the lack of agency backing. This lack of support was not necessarily the result of resistance; but rather, of not having been involved other than to grant permission to trainees to attend. There are several things to be learned from this experience. In developing a successful training program, the individual trainee must be considered in relationship

to the actual job performed as well as the setting in which the services are delivered; administrative support for this type of training must include more than a willingness to have his staff participate--an actual involvement in determining the training objectives, if not in the training process; and, since an agency or definable human service system is composed of individuals, its philosophy of care and of aging must be delineated at the outset as baseline data for any training program, as a set of expectations which must match training objectives, and as determinants of the appropriateness of a given training program to a specific time, place, and participant group. Finally, ongoing training design and evaluation activities of this manpower development project incline us towards ignoring some rather traditional variables in the process. Staff homogeneity, for example, seems less important to curriculum design than does the simultaneous participation of multiple staff levels; the context where training occurs seems of near equal value to training program content; and, the perceived role of the consumer requires as much pre-training consideration as that of the trainee or the human service delivery system.